

February 14, 2019

In the matter of Request for Review by King's Daughter Medical Center of Decision of  
Universal Service Administrator  
Rural Health Care Program: WC Docket No. 02-60

Applicant: King's Daughter Medical Center (KDMC)  
Contact: Michael Los, Cost Analyst  
Espy Services, Inc.  
2213 16<sup>th</sup> St., Bedford, IN 47421  
812-277-1499  
mlos@espy-services.com  
Fund Year: 2017  
HCP: 40636  
FRNs: 17141181, 17220411  
Reason: Waiver/exception of USAC HCF Invoicing Deadline

Pursuant to §54.719(c), KDMC is seeking a waiver of the Commission's rules directly from the Commission.

On October 10, 2018, Espy Services (on behalf of KDMC) submitted two Form 462 Substitutions. The substitutions were 17141181, and 17220411. The emails confirming receipt of these submissions from [rhcadmin@usac.org](mailto:rhcadmin@usac.org), along with the Form 462, are attached.

As noted in the body of the receipt emails, "Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form." On February 5, 2019, Espy Services contacted USAC to find out the status of the above-mentioned FRNs. Espy Services was told via email to check the USAC MyPortal to view the status of the FRNs. Espy Services viewed MyPortal and determined that the new Funding Commitment Letters (FCLs) for these FRNs were issued on December 12, 2018. No email or PDF of the form was received by Espy Services or KDMC as indicated on the Form 462 Substitution receipt email.

Espy Services determined that the Form 463 for these new FCLs could not be completed because the invoicing deadline for each of them was December 31, 2018, as noted on the screenshot attached. Espy Services again emailed USAC and was told "USAC does not have the authority to extend the deadline or allow any invoicing exceptions for this situation as the deadline is an FCC regulation and it is not extended due to Site and Service Substitutions. Although a notification was not received, all information related to these specific FRNs was located in MyPortal for applicants to reference and compare to their invoice deadline using the lookup tool on our website. To possibly make a change to your invoicing deadline, the only option moving forward is to file a waiver with the FCC." This email is also attached. While USAC stated that a notification was not

received and all information was located in MyPortal, Espy Services and KDMC were expecting an email and PDF of any updated FCLs as indicated by USAC themselves. There was no need to follow-up in MyPortal if both parties were waiting for an email to confirm approval of the Substitution Request.

**Statement of Relief Sought: Espy Services is formally requesting a waiver/extension of the Fund Year 2017 USAC HCF invoicing deadline to account for the lack of notification of approved Form 462 Substitutions by USAC.** KDMC has \$17,361.87 in funding they will not receive without a waiver/extension due to the lack of notification on behalf of USAC.

Please see attached documentation. Thank you for your time and attention to this matter.

## Michael Los

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**From:** rhc-assist@usac.org  
**Sent:** Wednesday, February 6, 2019 12:34 PM  
**To:** mlos@espyervices.com  
**Subject:** Re: Site and Service Substitution question

**Flag Status:** Flagged

Hi Michael,

Thank you for reaching out to us. The date you would use is the invoicing deadline. In your case that would be 12/31/2018.

Please let us know if you have any additional questions by emailing us at [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org).

Warmest Regards,  
LaQueca  
RHC-Assist Support Team  
Rural Health Care Program  
Universal Service Administrative Company  
[RHC-Assist@usac.org](mailto:RHC-Assist@usac.org)

On 2/6/2019 9:05 AM, Michael Los wrote:

Per the "Filing an Appeal" paragraph, "USAC must receive your appeal within 60 days following the date when USAC issued the decision." When is the "date USAC issued the decision" that I am starting the 60 day timer for my appeal deadline?

### Michael Los

*Government Funding Specialist*  
Espy Services, Inc.  
2213 16<sup>th</sup> Street  
Bedford, IN 47421  
(812) 675-4257  
[www.espyervices.com](http://www.espyervices.com)

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**From:** rhc-assist@usac.org [mailto:rhc-assist@usac.org]  
**Sent:** Tuesday, February 5, 2019 4:22 PM  
**To:** mlos@espyervices.com  
**Subject:** Re: Site and Service Substitution question

Hello Michael,

Thanks for reaching back out to us. More information about the appeals process can be found here: <https://www.usac.org/about/about/program-integrity/appeals.aspx>  
The link includes how to file and what to include in the actual appeal.

If you have any other questions or concerns, please contact us at [rhc-assist@usac.org](mailto:rhc-assist@usac.org).

Warm Regards,  
Tanya

RHC-Assist Support Team  
Rural Health Care Program  
Universal Service Administrative Company  
[rhc-assist@usac.org](mailto:rhc-assist@usac.org)

On 2/5/2019 4:07 PM, Michael Los wrote:

What steps do I have to take to file an appeal?

**Michael Los**  
*Government Funding Specialist*  
Espy Services, Inc.  
2213 16<sup>th</sup> Street  
Bedford, IN 47421  
(812) 675-4257  
[www.espyervices.com](http://www.espyervices.com)

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**From:** [rhc-assist@usac.org](mailto:rhc-assist@usac.org) [<mailto:rhc-assist@usac.org>]  
**Sent:** Tuesday, February 5, 2019 2:33 PM  
**To:** [mlos@espyervices.com](mailto:mlos@espyervices.com)  
**Subject:** Re: Site and Service Substitution question

Hi Michael,

Thank you for reaching out to us. We understand, however because the invoice deadline is an FCC regulation, USAC does not have the authority to extend the deadline or allow any invoicing exceptions for this situation, as invoice deadlines are not extended due to Site and Service Substitutions. Although a notification was not received, all information related to these specific FRNs was located in My Portal for applicants to reference and compare to their invoice deadline using the tool on our website. To possibly make a change to your invoicing deadline, the only option moving forward is to file a waiver with the FCC.

Please let us know if you have any additional questions by emailing us at [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org).

Warmest Regards,  
LaQueca  
RHC-Assist Support Team

On 2/5/2019 2:14 PM, Michael Los wrote:

Hi Tanya, it looks like each of the 5 FRN's below have FCL issuance dates of 12/12/18, however, I never received any email notification for these approvals. On the documents tab for each of these HCP's, the most recent email saved (highlighted below) is my "Confirmation of Receipt" for the site & service substitution I submitted. When should I have received an email informing me that this FCL is approved?

My Consortium				My LOAs				Documents				Forms			
Name				Document Type				Form Type				Application Number			
				Select a Document Type ▼				Select a Form Type ▼				17145941			
Form 460 Application Number: 45516-00001				Form 461 Application Number: 100020707				Funding Request Number: 17							
<a href="#">network cost worksheet.xls</a>				Excel				462				17145941			
<a href="#">Form 462.pdf</a>				Form (Reviewed)				462				17145941			
<a href="#">Email.html</a>				email				462				17145941			
<a href="#">network cost worksheet.xls</a>				Excel				462				17145941			
<a href="#">Form 462.pdf</a>				Form (Submitted)				462				17145941			
<a href="#">Funding Commitment Letter.html</a>				email				462				17145941			
<a href="#">network cost worksheet.xls</a>				Excel				462				17145941			
<a href="#">Form 462.pdf</a>				Form (Reviewed)				462				17145941			
<a href="#">Email.html</a>				email				462				17145941			
<a href="#">network cost worksheet.xls</a>				Excel				462				17145941			
<a href="#">Form 462.pdf</a>				Form (Submitted)				462				17145941			
<a href="#">Signed Forrest Viable Source Letter.pdf</a>				Viable Source Letter (35%)				462				17145941			
Form 460 Application Number: 45516-00001				Form 461 Application Number: 100020707				Funding Request Number: 17							
RHC Invoice Number: 20171000045754															
<a href="#">Form 463.xls</a>				Excel				463				201710000457			
<a href="#">Form 463.xls</a>				Excel				463				201710000457			
Form 460 Application Number: 45516-00001				Form 461 Application Number: 100020707				Funding Request Number: 17							
<a href="#">Form 463.xls</a>				Excel				463				1000045754			
<a href="#">Form 463.xls</a>				Excel				463				1000045754			
<a href="#">Form 463.xls</a>				Excel				463				1000045754			
<a href="#">Form 463.xls</a>				Excel				463				1000045754			

Thank you,

Michael Los

*Government Funding Specialist*

Espy Services, Inc.

2213 16<sup>th</sup> Street

Bedford, IN 47421

(812) 675-4257

[www.espyervices.com](http://www.espyervices.com)

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**From:** [rhc-assist@usac.org](mailto:rhc-assist@usac.org) [<mailto:rhc-assist@usac.org>]

**Sent:** Tuesday, February 5, 2019 1:09 PM

**To:** [mlos@espyervices.com](mailto:mlos@espyervices.com)

**Subject:** Re: Site and Service Substitution question

Hello Michael,

Thanks for emailing us. In your MyPortal please navigate to the HCP number and then your Form 462 tab. There you will see the site and service FRNs listed with the statuses beside them.

Site and service substitutions typically take 60-90 days, which includes review and processing time.

- The reviewer of the form will reach out with any questions and follow up when the request is complete.

If you have any other questions or concerns, please contact us at [rhc-assist@usac.org](mailto:rhc-assist@usac.org).

Warm Regards,  
Tanya

RHC-Assist Support Team  
Rural Health Care Program  
Universal Service Administrative Company  
[rhc-assist@usac.org](mailto:rhc-assist@usac.org)

On 2/5/2019 12:34 PM, Michael Los wrote:

Hello, can you please provide a status update for the below site and service substitutions? I have received "Confirmation of Receipt" emails for each of these, however, I have not received any further updates. When can I expect these to be approved?

HCP #	FRN	Date Submitted	Total Submitted
16663	17111161	10/8/2018	\$1,023.02
45516	17145941	10/17/2018	\$2,615.74
40636	17141181	10/10/2018	\$26,226.67
40636	17220411	10/10/2018	\$483.89
14568	17111221	10/9/2018	\$4,682.28
		<b>Total Submitted</b>	<b>\$35,031.60</b>

Thank you,

**Michael Los**  
*Government Funding Specialist*

## Michael Los

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**From:** rhcadmin@usac.org  
**Sent:** Wednesday, October 10, 2018 9:30 AM  
**To:** mlos@espyeservices.com  
**Subject:** RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 40636  
**Attachments:** Form\_462.pdf; network\_cost\_worksheet.xls

Date: 10-Oct-2018  
Program: HCF Program  
Funding Year: 2017  
Health Care Provider (HCP) Number: 40636

HCP Name: Ashland Hospital Corp./dba Kings Daughter Medical Center  
FCC Form 462 Application Number: 17141181

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 10-Oct-2018 at 09:28 AM.

### Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

### For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

**Rural Health Care (RHC) Universal Service  
Healthcare Connect Fund  
Funding Request Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

<b>Block 1: General Information</b>		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17141181</u>	3 HCP Number: <u>40636</u>
4 Site Name/Consortium Name: <u>Ashland Hospital Corp./dba Kings Daughter Medical Center</u>		
<b>Block 2: Competitive Bidding Information</b>		
5 FCC Form 461 Application Number: <u>100020709</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/22/2017</u>		Service Provider Selection Date: <u>03/22/2017</u>
7 Number of vendors who bid: <u>1</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
<b>Block 3: Vendor Information</b>		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&amp;T Corp.</u>		
<b>Block 4: Type of Funding Request</b>		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
<b>Block 5: Single Eligible Expense Request for Funding</b>		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code



22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
<div style="display: flex; justify-content: space-between;"> <span>If yes, provide the following information concerning the SLA in the contract:</span> <span>a. Latency:</span> <span>b. Jitter:</span> </div> <div style="display: flex; justify-content: space-between;"> <span>c. Packet Loss:</span> <span>d. Reliability:</span> </div>		
<b>USAC Internal Use Only</b>		
Funding Start Date	Funding End Date	
<b>Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)</b>		
29 Total undiscounted cost for eligible recurring expenses		\$75,234.58
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
<b>Block 7: Additional Documentation</b>		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
<div style="background-color: #f2f2f2; padding: 2px 5px;">Type of Documentation</div> <div style="margin-left: 20px;"> a. See attached  b.  c. </div>		
<b>Block 8: Request for Confidentiality</b>		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Block 9: Certification</b>		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" type="checkbox"/> I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date 10/10/2018
43 Printed Name Michael Los	44 Title/Position Government Funding Specialist
45 Phone (812) 277-1499 Ext. 1020	46 Email mlos@espyservices.com
47 Employer Espy Services, Inc.	48 Employer's FCC RN 0020725107

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507**

Universal Service  
Administrative Co.

User: mlos@espysservices.com

[Logout](#)HCP Name: Ashland Hospital Corp./dba Kings Daughter  
Medical Center  
HCP Number: 40636

## RURAL HEALTH CARE

[Return to My Consortium](#)[Form 460](#) [Form 461](#) [Form 462](#) [Form 463](#) [Documents](#)

Click the "Substitution" button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

## Substitution

461 App.#	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100026272	18383231	2/13/2019	Multiple Eligible	Multiple	Multiple		Received		<a href="#">Create 463</a>
100026272	18382821	1/30/2019	Multiple Eligible	Multiple	Multiple	2/01/2019	Approved		<a href="#">Create 463</a>
100026272	18382351	2/13/2019	Multiple Eligible	Multiple	Multiple		Received		<a href="#">Create 463</a>
100026272	18382321	2/11/2019	Multiple Eligible	Internet	100.0MB / 100.0MB		Received		<a href="#">Create 463</a>
100021543	17229641	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		<a href="#">Create 463</a>
100020709	17220411	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		<a href="#">Create 463</a>
100021543	17218091	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		<a href="#">Create 463</a>
100020709	17206741	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		<a href="#">Create 463</a>
100020709	17141211	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018			<a href="#">Create 463</a>
100020709	17141181	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		<a href="#">Create 463</a>
100015979	16986031	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		<a href="#">Create 463</a>
100015979	16983961	1/03/2017	Multiple Eligible	Multiple	Multiple		Denied		<a href="#">Create 463</a>
100015979	16980041	1/09/2017	Multiple Eligible	Multiple	Multiple		Denied		<a href="#">Create 463</a>
100015979	16979961	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		<a href="#">Create 463</a>
100015979	16979901	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		<a href="#">Create 463</a>

The invoicing deadline has passed for this FRN

463

First

&lt;

1

of 2

&gt;

Last

(17 Records)

## Michael Los

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**From:** rhcadmin@usac.org  
**Sent:** Wednesday, October 10, 2018 2:55 PM  
**To:** mlos@espyeservices.com  
**Subject:** RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 40636  
**Attachments:** network\_cost\_worksheet.xls; Form\_462.pdf

Date: 10-Oct-2018  
Program: HCF Program  
Funding Year: 2017  
Health Care Provider (HCP) Number: 40636

HCP Name: Ashland Hospital Corp./dba Kings Daughter Medical Center  
FCC Form 462 Application Number: 17220411

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 10-Oct-2018 at 02:49 PM.

### Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

### For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

**Rural Health Care (RHC) Universal Service  
Healthcare Connect Fund  
Funding Request Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17220411</u>	3 HCP Number: <u>40636</u>
4 Site Name/Consortium Name: <u>Ashland Hospital Corp./dba Kings Daughter Medical Center</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020709</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/22/2017</u>		Service Provider Selection Date: <u>03/22/2017</u>
7 Number of vendors who bid: <u>1</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001110</u>		
10 Vendor name: <u>FRONTIER COMMUNICATIONS OF AMERICA</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
<b>USAC Internal Use Only</b>		
Funding Start Date		Funding End Date
<b>Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)</b>		
29 Total undiscounted cost for eligible recurring expenses	\$1,347.03	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
<b>Block 7: Additional Documentation</b>		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. See attached		
b.		
c.		
<b>Block 8: Request for Confidentiality</b>		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Block 9: Certification</b>		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" type="checkbox"/>	I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date 10/10/2018
43 Printed Name Michael Los	44 Title/Position Government Funding Specialist
45 Phone (812) 277-1499 Ext. 1020	46 Email mlos@espyservices.com
47 Employer Espy Services, Inc.	48 Employer's FCC RN 0020725107

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.


We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507**

Rural Health Care - USAC

https://rhc.usac.org/hcf/applicant/consortium/40636/hcp/40636



Universal Service  
Administrative Co.

User: mlos@espyservices.com  
[Logout](#)  
HCP Name: Ashland Hospital Corp./dba Kings Daughter  
Medical Center  
HCP Number: 40636

RURAL HEALTH CARE

Return to My Consortium

Form 460Form 461Form 462Form 463Documents

Click the "Substitution" button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App.#	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100026272	18383231	2/13/2019	Multiple Eligible	Multiple	Multiple		Received		Create 463
100026272	18382821	1/30/2019	Multiple Eligible	Multiple	Multiple	2/01/2019	Approved		Create 463
100026272	18382351	2/13/2019	Multiple Eligible	Multiple	Multiple		Received		Create 463
100026272	18382321	2/11/2019	Multiple Eligible	Internet	100.0MB / 100.0MB		Received		Create 463
100021543	17229641	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/1/2019	The invoicing deadline has passed for this FRN		Create 463
100020709	17220411	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100021543	17218091	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020709	17206741	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020709	17141211	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020709	17141181	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100015979	16986031	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		Create 463
100015979	16983961	1/03/2017	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100015979	16980041	1/09/2017	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100015979	16979961	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		Create 463
100015979	16979901	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		Create 463

First

<

1 of 2

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Last

(17 Records)